Office State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II = (575) 748-1283	30-025-40891
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 CEBS OCD OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1220 South St. Francis Dr.	STATE S FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 WAY 2 3 2013 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	VB-1169
SUNDRYNOTHES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Hemlock BSH State
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well 🛛 🌣 🏟 Well 🔲 Other	2H /
2. Name of Operator	9. OGRID Number
Yates Petroleum Corporation /	025575
3. Address of Operator	10. Pool name or Wildcat Triple X; Bone Spring
105 South Fourth Street, Artesia, NM 88210	Triple A, Boile Spring
4. Well Location	500 feet from the West line
Unit Letter D : 220 feet from the North line and	feet from the Uest line / line / line / line /
Unit Letter M 331 feet from the South line and	
Section 32 Township 23S Range 33E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, e	tc.)
3671'GR	
PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DOWNHOLE COMMINGLE PULL AND ABANDON COMMENCE DOWNHOLE COMMINGLE CASING/CEME	P AND A ENT JOB acker and tubing and give pertinent dates, including estimated date
5/5/13 – RIH with GR/JB to 10,505'. RIH with 5-1/2" wireline set ASI packer with 2.25 down casing. NU BOP. 5/6/13 – Pumped 300 bbls 3% KCL down tubing. Tested casing to 1000 psi, good. 5/7/13 – Set 2-7/8" 6.4# L-80 tubing at 11,462'.	
Spud Date: 1/26/13 Rig Release Date:	2/26/13
I hereby certify that the information above if true and complete to the best of my knowle	dge and helief
I hereby certify that the information above if true and complete to the best of my knowle	dge and belief.
	dge and belief. Supervisor DATE May 22, 2013
SIGNATURE (Cina) TITLE Regulatory Reporting	Supervisor DATE May 22, 2013
SIGNATURE TITLE Regulatory Reporting Type or print name Tina Huerta E-mail address: tinah@yatespetroleum	Supervisor DATE May 22, 2013
TITLE Regulatory Reporting Type or print name Tina Huerta E-mail address: tinah@yatespetroleum For State Use Only	Supervisor DATE May 22, 2013
SIGNATURE TITLE Regulatory Reporting Type or print name Tina Huerta E-mail address: tinah@yatespetroleum	Supervisor DATE May 22, 2013
TITLE Regulatory Reporting Type or print name Tina Huerta E-mail address: tinah@yatespetroleum For State Use Only	Supervisor DATE May 22, 2013 .com PHONE: 575-748-4168 DATE 5-29-2013
TITLE Regulatory Reporting Type or print name Tina Huerta E-mail address: tinah@yatespetroleum APPROVED BY: TITLE DIST MANY TITLE DIST MANY TITLE DIST MANY TITLE DIST MANY	<u>Supervisor</u> DATE <u>May 22, 2013</u> <u>.com</u> PHONE: <u>575-748-4168</u>